

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03857

Entity Name: ORANGE BASEBALL ASSOCIATION, INC.**Current Principal Place of Business:**223 CADDIE CT.
DEBARY, FL 32713**Current Mailing Address:**PO BOX 540898
ORLANDO, FL 32854 US**FEI Number:** 59-2504131**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THORNBRUGH, KARL J
435 HILLCREST DR.
OVIEDO, FL 32765 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KAPACINSKAS, LEN
Address	223 CADDIE CT
City-State-Zip:	DEBARY FL 32713

Title	VPD
Name	FLAY, KEVIN
Address	910 ARBORMOOR PL.
City-State-Zip:	LAKE MARY FL 32746

Title	S
Name	ROVITO, BEN
Address	2838 SUN LAKE LOOP APT. 112
City-State-Zip:	LAKE MARY FL 32746

Title	TREA
Name	THORNBRUGH, KARL
Address	435 HILLCREST DR.
City-State-Zip:	OVIEDO FL 32765

Title	D
Name	WAINSCOTT, KEVIN
Address	540 WILLOW WAY
City-State-Zip:	WINTER SPRINGS FL 32708

Title	D
Name	ADAM, BATES
Address	14850 TULLAMORE LOOP
City-State-Zip:	WINTER GARDEN FL 34787

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARL THORNBRUGH**TREASURER****01/13/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date